

## Law Enforcement Relocation Benefit Verification Form

For staff use only:

Meets Relocation  
CriteriaYes ☐ No ☐

Initial: \_\_\_\_\_

This form is to help law enforcement officers document a threat to the personal safety of a crime victim seeking relocation benefits from the VCP pursuant to GC § 13957(a)(8) . This form may be used with or without a letter from law enforcement. If a letter is submitted without this form, it should be on the law enforcement agency's letterhead and contain the information requested on this form.

Victim Information		
Name:	SSN:	
Address:		
City:	State:	Zip:
Phone:	VCP Claim Number (if known):	
Crime Information		
Crime Date:	Crime Code:	
Crime Report Number:	Has the Perpetrator Been Convicted?:	
Is the Perpetrator Incarcerated?:	If yes, what is the expected release date?:	
Please describe the nature of the threat to the victim's personal safety, if any. Use additional paper if necessary. (You may include information about the nature of the crime, past history of assault or stalking, verbal threats, etc.):		
<div style="display: flex; justify-content: space-between;"> <span>In your opinion, is/was it necessary for the victim to relocate for his or her personal safety?</span> <span>Yes <input type="checkbox"/> No <input type="checkbox"/></span> </div> <div style="text-align: right; margin-top: 5px;">Not enough information to determine <input type="checkbox"/></div>		
When Completed by Law Enforcement		
Law Enforcement Officer Providing Information (printed name):		
Agency Name:	Contact Phone Number:	
Signature:	Date:	
When Completed by Victim Witness (VW) Advocate or VCP Staff		
Law Enforcement Officer Providing Information:	Phone Number:	
Law Enforcement Agency Name:		
VW Center Advocate or VCP Staff Completing This Form:	Phone Number:	
VW Center Name and Code No.:	Date:	